

Child mortality on the decline, says study

India's child mortality rate has always been a cause for concern, but a recent study published in the medical journal *Lancet* suggests that the situation may be changing for the better.

The study shows a significant decline in cause-specific child mortality rates between 2000 and 2015 in the country.

The faster declines in child mortality after 2005 (average annual decline of 3.4% for neonatal mortality and 5.9% for 1 to 59-month mortality) suggest that the country has avoided about one million more child deaths compared to the rates of progress in 2000–2005.

Premature births

However, on a sobering note, in the same period, deaths due to premature births or low birth weight rose from 12.3 per 1000 live births in 2000 to 14.3 per 1000 live births in 2015. The increase was driven mostly by more term births with low birth weight in poorer States and rural areas.

The Million Death Study titled "Changes in cause-specific neonatal and 1–59 month child mortality in India from 2000 to 2015: a nationally representative survey" was published online by the *Lancet* on September 19. The survey was led by Prof. Prabhat Jha from the Centre for Global Health Research at St Michael's Hospital in Toronto.

Taking note of the progress in three States during this period, the study says that "if all States of India had achieved the declines seen in Tamil Nadu, Karnataka, and Maharashtra, nearly all States of India would have met the 2015 Millennium Development Goals."

India's child mortality rate per thousand live births has fallen by 62% from 125 per thousand live births in 1990 to 47 per thousand live births in 2015. This is slightly less than the 2015 Millennium Development Goal of a 66% reduction.

Interpreting the outcome, the *Lancet* report said: "To meet the 2030 Sustainable Development Goals for child mortality, India will need to maintain the current trajectory of 1–59-month mortality and accelerate declines in neonatal mortality (to >5% annually) from 2015 onwards. Continued progress in reduction of child mortality due to pneumonia, diarrhoea, malaria, and measles at 1–59 months is feasible. Additional attention to low birth weight is required."

The study tracking 52,252 deaths in neonates and 42,057 deaths at 1–59 months has been funded by National Institutes of Health, Disease Control Priorities Network, Maternal and Child Epidemiology Estimation Group, and the University of Toronto.

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